DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY'S DOCKET NO. TH-0776X MAS:mal

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original,	
first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are	
listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled FAIRING TRU	SS SPAR the
specification of which is attached hereto unless the following box is checked:	

	as United States Application Numbe		
Number a	and was amended on (if	applicable).	
hereby state that I have reviewe amendment referred to above.	ed and understand the contents of the abo	ove-identified specification, including the claim	ns, as amended by any
acknowledge the duty to disclose	e information which is material to patental	pility as defined in 37 CFR § 1.56.	
		65(b) of any foreign application(s) for patent	
dentified below by checking the l	box, any foreign application for patent or	inventor's certificate, or PCT International ap	
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dentified below by checking the l	box, any foreign application for patent or	·	plication having a filing
APPLICATION NUMBER APPLICATION NUMBER	box, any foreign application for patent or on which priority is claimed.	inventor's certificate, or PCT International ap	plication having a filing
dentified below by checking the late before that of the application APPLICATION NUMBER ARRELICATION NUMBER	box, any foreign application for patent or on which priority is claimed. COUNTRY	inventor's certificate, or PCT International ap	plication having a filing
dentified below by checking the late before that of the application APPLICATION NUMBER ARRELICATION NUMBER	box, any foreign application for patent or on which priority is claimed. COUNTRY COUNTRY	inventor's certificate, or PCT International ap	plication having a filing

which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

APPLICATION SERIAL NO. STATUS-PATENTED, PENDING, ABANDONED FILING DATE

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

NAME Mark A. Smith	attorney/agent Attorney	registration number 30,220	TELEPHONE NUMBER (713) 241-2094
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Revised June 1995

SEND CORRESPONDENCE TO:

MARK A. SMITH c/o Shell Oil Company **Intellectual Property** P. O. Box 2463 Houston, TX 77252-2463





I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR (given name, family name) Donald Wayne ALLEN	
INVENTOR'S SIGNATURE	DATE SIGNED
RESIDENCE 1806 Hillgreen Drive, Katy, Texas 77494 U.S.A.	CITIZENSHIP United States
POST OFFICE ADDRESS 1806 Hillgreen Drive, Katy, Texas 77494 U.S.A.	-
THE NAME OF STRONG PORT WITHOUT IT ANY ()	
FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name) Dean Leroy HENNING	
SECOND INVENTOR'S SIGNATURE	DATE SIGNED
RESIDENCE 3205 Hartledge Road, Needville, Texas 77461	CITIZENSHIP United States
Peort office Address 3205 Hartledge Road, Needville, Texas 77461	
The state of the s	
EUEL NAME OF THIRD INVENTOR, IF ANY (given name, family name)	
THIRD INVENTOR'S SIGNATURE	DATE SIGNED
RESIDENCE	CITIZENSHIP
POST OFFICE ADDRESS	
RUEL NAME OF FOURTH INVENTOR, IF ANY (given name, family name)	
FOURTH INVENTOR'S SIGNATURE	DATE SIGNED
RESIDENCE	CITIZENSHIP
POST OFFICE ADDRESS	
FULL NAME OF FIFTH INVENTOR, IF ANY (given name, family name)	
FIFTH INVENTOR'S SIGNATURE	DATE SIGNED
RESIDENCE	CITZENSHIP
POST OFFICE ADDRESS	